

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 32

CERTIFICATE OF DEATH

Reg. Dist. No. 03818 168

1. PLACE OF DEATH:

County.....

City or town.....

GARRET

RURAL - FROSTBURG RD # 2

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

2 yrs

Hospital, institution, or street address where death occurred:

NONE

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

MARYLAND GARRET

RURAL - FROSTBURG RD # 2

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

GEORGE - S - BITTNER

3. (b) Social Security Number

NONE

4. Sex

M

5. Color of face

white

6.(a) Single, married, widowed, or divorced

widowed

6.(b) Name of husband or wife

ANNIE - PAUL

7. Birth date of deceased (mo., day, yr.)

MARCH - 5 - 1863

6.(c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

83

1

17

hrs.

min.

9. Birthplace

FAYETTE CT PENNA

(town, county, and state)

10. Usual occupation

FARMER (RETIRED)

11. Industry or business

FARM

FATHER

12. Name

SAMUEL - BITTINGER

13. Birthplace

SOMERSET CO - PA.

MOTHER

14. Maiden name

LUCINDA - LEE

15. Birthplace

SOMERSET CO - PA.

16. Informant

C J Bittner

Address

FROSTBURG - Md RD # 2

17. BURIAL

(Burial, cremation, or removal. Which?)

Date thereof APR. 24 - 1946

(month) (day) (year)

Cemetery or crematory

GREENVILLE - SOMERSET CO - PA.

Location

GREENVILLE TWP PA

18. Funeral director

Stanley M Thomas

Address

Salisbury Pa

19. (Date rec'd by registrar)

April 22, 1946

M. J. Miller

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 22

1946

at 3:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 25

1943

to April 22 1946

and that I last saw him alive on

Feb 16

1946

Immediate cause of death

Acute Coronary thrombosis

Due to

Hypertensive Cardiovascular disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

O O Glassm

M. D. or other

Address

Meyersdale Pa

Date signed

4/23-46

RECEIVED
APR 24 1946
BUREAU V. A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (33a)

CERTIFICATE OF DEATH

03819

Reg. Dist. No. 162

1. PLACE OF DEATH:

County GarettCity or town R.D. I Grantsville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 52 Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County GarettCity or town R.D. I. Grantsville
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Eliza Ellen Butler

3. (b) Social Security Number

None

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

FWWidowed6.(b) Name of husband or wife Gideon McClelland Butler7. Birth date of deceased (mo., day, yr.) July 19 - 1868
6.(c) If alive, give age years8. AGE: Years Months Days It less than one day
77 8 19 hrs. min.9. Birthplace Near Jennings Md
(Town, county, and state)10. Usual occupation House Work

11. Industry or business

12. Name Jonas J. Folk13. Birthplace Springs Somerset Co Pa14. Maiden name Susie Schults15. Birthplace Meyersdale Pa16. Informant Mrs Charles WallsAddress Grantsville Md17. Burial Date thereof April 7-1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Oak GroveLocation R.D. I. Grantsville Md18. Funeral director Alvin WinterbergAddress Grantsville Md19. Apr 6 46 Elmer Broadwater
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1946, at 5 a.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 1 1944, to Apr 5 1946
and that I last saw him/her alive on Apr 4 1946Immediate cause of death Cerebral hemorrhage DURATION 3 days

Due to

Due to

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. R. Davis M.D. M. D. or otherAddress Grantsville Md Date signed Apr 5

RECEIVED
APR 8 1946
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

03820

162

Reg. Dist. No.

1. PLACE OF DEATH:

County Garett
City or town Jennings
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 Years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md County Garett
City or town Jennings
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Rebecca Butler

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced Widowed
6.(b) Name of husband or wife Jessie Butler
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) October 24-1866
8. AGE: Years 79 Months 5 Days 14 If less than one day
hrs. min.

9. Birthplace McHenry Garrett Co. Md
(Town, county, and state)
10. Usual occupation House Work
11. Industry or business

12. Name Jessie Glotfelty
13. Birthplace Not Known

14. Maiden name Esther Warnick
15. Birthplace R.D2 Grantsville Md

16. Informant Mrs Loy Miller
Address Jennings Md

17. Burial Date thereof 4-10-1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Grantsville
Location Grantsville Md

18. Funeral director Wm Winterberg
Address Grantsville Md

19. April 9 46 Esther Broadwater
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 19 46 at 4.30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 19 45 to Apr 8 19 46
and that I last saw him alive on Apr 6 19 46

Immediate cause of death Cerebral Hemorrhage DURATION

Due to

Due to

Other conditions arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results Date of op.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. P. Davis M.D. M. D. or other

Address Grantsville Md Date signed Apr 8 1946

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 10 1946
BUREAU V E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

CERTIFICATE OF DEATH

03821 166
Reg. Dist. No.

1. PLACE OF DEATH:

County Garrett
City or town Oakland, Maryland.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life time
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett
City or town Oakland, Maryland.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war.

3. (a) FULL NAME

Richard Thomas Coddington.

3. (b) Social Security Number

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Single.</u>
6. (b) Name of husband or wife.		
8. (c) If alive, give age _____ years		
7. Birth date of deceased (mo., day, yr.) <u>December 28th, 1880.</u>		
8. AGE: Years <u>65</u>	Months <u>3</u>	Days <u>6</u>
If less than one day _____ hrs. _____ min.		
9. Birthplace <u>Oakland, Maryland.</u> (Town, county, and state)		
10. Usual occupation <u>Painter</u>		
11. Industry or business		
12. Name <u>Thomas Coddington.</u>		
13. Birthplace <u>Friendsville, Maryland.</u>		
14. Maiden name <u>Cecilia Jamison.</u>		
15. Birthplace <u>Maryland.</u>		

16. Informant <u>Horrace Coddington.</u>		
Address <u>Oakland, Maryland.</u>		
17. <u>Burial</u> Date thereof <u>April 6th/46</u> (Burial, cremation, or removal. Which?) (month) (day) (year)		
Cemetery or crematory <u>St. Peter's Cemetery.</u>		
Location <u>Oakland, Maryland.</u>		
18. Funeral director <u>Emory B. Bolden,</u>		
Address <u>Oakland, Md.</u>		
19. <u>4/5</u> <u>4/6</u> <u>Julius J. Brown</u> (Date rec'd by registrar) Registrar		

MEDICAL CERTIFICATION

20. DATE OF DEATH <u>April 3, 1946</u> at <u>7:30 p.m.</u>	
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____ to _____ 19____ and that I last saw him _____ alive on _____ 19____	
Immediate cause of death <u>Shock</u>	DURATION
Due to <u>Acute coronary occlusion.</u>	
Due to <u>thrombosis.</u>	
Other conditions _____	
(Include pregnancy within 3 months of death)	
Major findings of operations _____	
Date of op. _____	
Autopsy results _____	
PHYSICIAN: Please underline the cause to which death should be charged statistically.	
22. VIOLENCE: If death was due to external causes, fill in the following:	
Accident, suicide, or homicide _____	Date of _____
Where did injury occur? _____	(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) _____	
Means of injury _____	Injured at work? _____
23. SIGNATURE <u>James C. Young M.D.</u>	M.D. or other
Address <u>Oakland, Md.</u>	Date signed <u>April 4, 46</u>

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APR 23 1946
BUREAU V. 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

 03822
 Reg. Diat. No. 164

1. PLACE OF DEATH:

County Garrett
 City or town Accident
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? None Yrs.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Garrett
 City or town Accident
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. None
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

John Albert Felix

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widower

6.(b) Name of husband or wife Isabelle Matilda Krebs

7. Birth date of deceased (mo., day, yr.) Dec. 7, 1868 6.(c) If alive, give age years

8. AGE: Years 77 Months 5 Days 8 If less than one day hrs. min.

9. Birthplace Germany
 (Town, county, and state)

10. Usual occupation Woodsmen

11. Industry or business

12. Name Joseph Felix13. Birthplace Not Known14. Maiden name Adaline Gann15. Birthplace Not Known16. Informant Otto C. GoehringerAddress Accident, Md.

17. Burial Date thereof Apr. 18, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or place of interment Simpson Cemetery Va.Location Simpson W. Va.18. Funeral director Allen WinterbergAddress Grantsville, Md.

19. April 16 19 46 Emmald Spierlein
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 19 46 at 3 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 7 19 46 to April 15 19 46
 and that I last saw him alive on April 13 19 46

Immediate cause of death Cerebral hemorrhage DURATION 2 weeks

Due to Arteriosclerosis 10 yrs

Due to Senility 5 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Milton Jeffer, MD M. D. or other

Address Friendsville Date signed April 16, 1946

RECEIVED

APR 20 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 158

CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH:

County GarrettCity or town Friendsville P.D. #1
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 hrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Ellen Lucille
Female Infant Friend

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4, 1946

8. AGE: Years Months Days If less than one day

2 hrs. 20 min.9. Birthplace Friendsville Garrett Maryland
(Town, county, and state)10. Usual occupation None11. Industry or business None12. Name Reed Lewis Friend13. Birthplace Friendsville Md14. Maiden name Mildred Jean Thomas15. Birthplace White Rock Md16. Informant Mrs Bliss FriendAddress P.O. #1 Friendsville17. Date thereof 4-5-46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Blooming RoseLocation Near Friendsville Md18. Funeral director W.W. SavageAddress Friendsville Md4-5-1946 Alvin C. Rush

19. (Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Friendsville P.D. #1
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4th 1946 at 94 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19....., to 19.....

and that I last saw him alive on 19.....

Immediate cause of death DURATION

Due to This baby delivered by midwife reported dead to meDue to at 1:30 pm 4 April 1946 -Cause not determined asOther conditions I have not seen case

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Milton JepsonAddress Friendsville, Md. M. D. as otherDate signed Apr 4 1946

CERTIFICATE OF DEATH

RECEIVED
APR 8 1946
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (37-5)

CERTIFICATE OF DEATH

0382461
Reg. Diat. No.

I. PLACE OF DEATH:

County Garrett
City or town Selbysport, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) _____
Stay in this community (yrs., or mos., or days) 7 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Selbysport, Md. Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)
Street No. _____ (If rural give LOCATION)
2(c) IF VETERAN, NAME WAR No

3. (a) FULL NAME

Hiram Guard.

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed.

6 (b) Name of husband or wife _____
6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) November 28th-1858.

8. AGE: Years 87 Months 4 Days 9 If less than one day _____ hrs. _____ min.

9. Birthplace Garrett, Co, Maryland.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Jeremiah Guard.

13. Birthplace Garrett, Co, Maryland.

14. Maiden name Ophoelia Timmens.

15. Birthplace Garrett, Co, Maryland.

16. Informant Frank Guard

Address Braddock, Pa.

17. Burial Date thereof Apr 9-1946
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Addison Cemetery

Location Addison, Penna.

18. Funeral director H.B. Rishbarger

Address Addison, Pa.

19. 4-9- 19 46 Isa C. Rush
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April - 7 - 1946, at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1946, to Apr 7 - 1946, and that I last saw him alive on Apr 6 - 1946.

Immediate cause of death Uremic Coma DURATION 72 hrs

Due to Chronic Interstitial Nephritis 1 yr

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H.B. Messmore M.D. or other _____

Address Addison - Pa Date signed 4/8/46

MARGIN RESERVED FOR BINDING

VS A/6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 11 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1642

CERTIFICATE OF DEATH

03825

Reg. Dist. No. 172

1. PLACE OF DEATH:

County Garrett
 City or town Shallmar
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 24 yrs.
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Howard Edward Lyons3. (b) Social Security Number
216-01-4884

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Anna May (Boyce) Lyons
 50 years

7. Birth date of Oct. 18, 1883
 deceased (mo., day, yr.) 6. (c) If alive, give age _____ years

8. AGE: Years 62 Months 6 Days 0 It less than one day _____ hrs. _____ min.

9. Birthplace Barton, Alleg. Co., Md.
 (Town, county, and state)

10. Usual occupation Miner
Coal Mines

11. Industry or business Alex Lyons

12. Name Alex Lyons

13. Birthplace Jane Ward

14. Maiden name _____

15. Birthplace _____

16. Informant Melvin Lyons
 Address Shallmar, Md.

Burial Date thereof April 19, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory I.O.O.F. Cemetery
Elk Garden, W.Va.

Location _____

18. Funeral director Otha F. Sharpless
 Address Blaine, W.Va.

19. 4/18/46 19 1946
 (Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Garrett

City or town Shallmar
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war no

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 19 46 at 6:47 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Hammered after trauma
 and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death _____
Fracture for skull
and cerebral
that from wounds.

Due to _____
 Due to _____
 Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____
 _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Suicide Date of Apr 16-1946
 Accident, suicide, or homicide Shallmar
 Where did injury occur? Shallmar (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) own home
 Means of injury suicide by 20 guage Injured at work? no

23. SIGNATURE B. J. Baumgartner M.D.
Oakland Md M. D. or other 4/16/46
 Address _____ Date signed _____

RECEIVED

MAY 8 1946

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

Reg. Dist. No. 03826 166

1. PLACE OF DEATH:

County Garrett
 City or town Mt. Lake Park
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 yrs.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland. County Garrett
 City or town Mt. Lake Park
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. -----
 (If rural, give LOCATION)
 2.(a) If veteran, name war -----

3. (a) FULL NAME

William Henry Smith

3. (b) Social Security Number

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Married</u>	
6.(b) Name of husband or wife <u>Carrie A. Smith</u>			
6.(c) If alive, give age <u>65</u> years			
7. Birth date of deceased (mo., day, yr.) <u>May 15, 1872</u>			
8. AGE: Years <u>73</u>	Months <u>11</u>	Days <u>2</u>	If less than one day ----- hrs. ----- min.

9. Birthplace Garrett Co., Md.
 (Town, county, and state)
 10. Usual occupation Farmer
 11. Industry or business Own Farm
 FATHER
 12. Name Eli Smith
 13. Birthplace Unknown
 MOTHER
 14. Maiden name Nancy Hoop
 15. Birthplace Unknown

16. Informant Mrs. Henry Smith
 Address Mt. Lake Park, Md.

17. Burial April 20, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Ferndale Cemetery
 Location 3 Mi. North Oakland, Md.
 18. Funeral director Herbert C. Leighton
 Address Oakland, Md.

19. 4/19/46 Julius Rowan
 (Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17, 86 at 1:00P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 17 1946 to April 17 1946
 and that I last saw him alive on April 17 1946

Immediate cause of death Hemorrhage
intracranial

Due to rupture of subarachnoid artery
 Due to hypertension

Other conditions pre-existing stroke
duration 4 yrs.
 (Include pregnancy within 3 months of death)

Major findings of operations -----
 Date of op. -----

Autopsy results -----
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide ----- Date of -----
 Where did injury occur? ----- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -----
 Means of injury ----- Injured at work? -----

23. SIGNATURE James A. Johnson Jr. M.D.
Oakland, Md. M. D. or other
 Address ----- Date signed 4/18/46

CERTIFICATE OF DEATH

RECEIVED
MAY 3 1946
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 98

CERTIFICATE OF DEATH

Reg. Dist. No.

*03827 / 66

1. PLACE OF DEATH:

County Garrett
 City or town Oakland, Maryland.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life Time
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett
 City or town Oakland, Maryland.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Bertha Mary Yutzzy Stahl.

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married.
 6.(b) Name of husband or wife Floyd C. Stahl.
 6.(c) If alive, give age 62 years
 7. Birth date of deceased (mo., day, yr.) May 29th 1881
 8. AGE: Years 64 Months 11 Days 10 If less than one day _____ hrs. _____ min.

9. Birthplace Sunnyside, Maryland.
 (Town, county, and state)
 10. Usual occupation House wife.
 11. Industry or business _____

12. Name Jonas Yutzzy.
 13. Birthplace Sunnyside, Maryland.
 14. Maiden name Mary Knauer.
 15. Birthplace Baltimore, Maryland.

16. Informant Floyd C. Stahl.
 Address Oakland, Maryland.
 17. Burial April 22d, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Oakland Cemetery.
 Location Oakland, Maryland.

18. Funeral director Emory D. Bolden.
 Address Oakland, Md.
 19. 4/21 1946 Julia A. Brown
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

P.M.

20. DATE OF DEATH April 19th 1946 6:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 3 1940 to Apr 19 1946
 and that I last saw her alive on Apr 19 1946

Immediate cause of death Dry, Bouverie (h o h legs)
 DURATION

Due to _____
 Due to _____
 Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE E. J. Bauman
 Address Oakland, Md. M. D. or other _____
 Date signed 4/24/46

RECEIVED

APR 23 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

63828/66
Reg. Dist. No.

1. PLACE OF DEATH:

County Garrett
 City or town Crellin, Maryland.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett
 City or town Crellin, Maryland.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Joseph David Uphold.

3. (b) Social Security Number

None.

4. Sex male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married.
 6.(b) Name of husband or wife Mary Ellen Uphold.
 8.(c) If alive, give age 74 years
 7. Birth date of deceased (mo., day, yr.) June 1st, 1862.
 8. AGE: Years 83 Months 11 Days 22 If less than one day _____ hrs. _____ min.

9. Birthplace West Virginia.
 (Town, county, and state)
 10. Usual occupation Retired Laborer

11. Industry or business

12. Name David Uphold.
 13. Birthplace Selbysport, Maryland.
 14. Maiden name Sarah Thomas.
 15. Birthplace Selbysport, Maryland.

16. Informant Mrs. Homer Shaffer.
 Address Crellin, Maryland.

17. Burial Burial Date thereof April 11th/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Terra Alta Cemetery.
 Location Terra Alta, West Va.

18. Funeral director Emory D. Bolden
 Address 441 E. 1st St. N.W.

19. 4/10/46 Julius A. Brown
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9th 1946, at 12:30 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from P.M.
24 October 1945 to 8 April 1946
 and that I last saw him alive on 8 April 46 1946

Immediate cause of death

Pneumonia

DURATION

Due to

uremia

Due to

Escherichia coli

Other conditions

Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Andrew E. Hane M. D. or otherAddress Oakland, Md. Date signed 10 Apr 46

RECEIVED

APR 23 1946

BUREAU V. 3